

# Application for a change to be made to a licence for an approved venue for marriages and civil partnerships

## Marriage Act 1949, Marriages (Approved Premises) Regulations 2005, and Civil Partnership Act 2004

- Please ensure that you read this form carefully.
- The form must be completed in full. Incomplete forms will not be accepted. If a section is not applicable, please write "N/A" in the relevant box.
- Please ensure that all supporting documents are included (see checklist at the end of the form)
- A fee of £96 is payable for the amendment and payment can be made by card. Please call 020 8753 2140 to pay by card.

Once completed, this form must be forwarded, together with all the necessary documents to:

The Superintendent Registrar
Hammersmith & Fulham Register Office
Hammersmith Town Hall
King Street
London
W6 9JU

If you have any queries, please contact The Register Office on 020 8753 2140 or email us at registeroffice@lbhf.gov.uk

Please note that not all changes can be made to a licence without the need for a fresh approval to be granted. If a fresh approval is needed a new application will be required.



### 1. APPLICANT

Applicant Details				
Full name	Mr / Mrs / Ms / Miss			
Email address				
Direct contact telephone number				
Additional contact telephone number				
Please specify if you are applying as a	☐ Business ☐ Organisation ☐ Sole trader ☐ Individual			
Is your business registered	☐ in the UK with Companies House☐ outside the UK			
Business name (if registered, use registered name)				
VAT number				
Legal Status (e.g. Limited Company)				
Your position in the business				
Business address and postcode				
2. TYPE OF AMENDMENT				
Type of amendment requested	☐ Approval Holder change ☐ Other			
Licence reference number				



### 3. CHANGES OF APPROVAL HOLDER

Name of new approval holder	
Postal address of premises including postcode	
Email address of new approval holder	
Telephone number of approval holder	
Additional contact telephone number	
Please specify if the new approval holder is a (please forward a copy of the company registration document)	☐ Business ☐ Organisation ☐ Sole trader ☐ Individual
Is the business registered	☐ in the UK with Companies House☐ outside the UK
Business name (if registered, use registered name)	
VAT number	
Legal Status (e.g. Limited Company)	
Your position in the business	
4. OTHER CHANGES	
Details of request for other changes	
Required changes (briefly list)	



### **5. RESPONSIBLE PERSON**

Details of the person who will be responsible for coordination of activities on the day of the ceremony plus a deputy (if these details have changed with the change of approval holder).		
Full Name		
Position / job title		
Email address		
Telephone number		
Full Name of deputy		
Position / job title		
Email address		
Telephone number		
6. FORMALITIES (Re-confirm details)		
Are the premises covered by public liability insurance?	☐ Yes ☐ No Please attach a copy of the current certificate	
Will the insurance policy cover use of the premises for ceremonies?	☐ Yes ☐ No	
Do the premises have a current fire risk assessment?	☐ Yes ☐ No Please attach a copy of the current certificate	
Date of fire risk assessment		
Do the premises comply with the requirements for Disability accessibility?	☐ Yes ☐ No	
Do the premises have a relevant licence under Licensing or Entertainment legislation?	☐ Yes ☐ No Please attach a copy of the current certificate	
Do the premises have planning permission to use the premises for ceremonies?	☐ Yes ☐ No	
Will the premises be regularly available for members of the public for ceremonies?	☐ Yes ☐ No	
Do the premises have any recent or ongoing connection with religion or religious activity?	☐ Yes ☐ No	



1.	I apply for the changes named at '3. Changes of Approval Holder' and, if applicable, '4.
Other	Changes' to be amended on the licence of the approval as a venue for civil ceremonies in
the pre	esence of the Superintendent Registrar

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	I confirm that no other changes have taken place since the application was made for the t licence
3.	I declare that:
(a)	I have read and understood the application form
(b)	The information provided in this form is true and correct
Signa	ture of applicant
Full na	ame of applicant
Date o	of application

Interest in the premises (position)\_\_\_\_\_



CHECKLIST FOR ENCLOSURES		
All sections of this form have been completed and signed		
Phone call to office to pay by card for amendment fee		